

## Collaborative Practice in Low Income Communities: University, Agency, Public School Partnerships

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### **Summary:**

Children and families in high risk low income communities are facing increasing stress due to rising poverty, increasing violence and isolation, and decreasing resources. Community based, family support centers are nationally recognized as vital in serving high risk communities. Yet, successful collaborative ventures are difficult, funding is problematic, and informed evaluation is elusive. This article will review the efforts of leaders in local government and business to come together with faculty from an urban university, public education, private non-profit family serving agencies, and child advocates to build centers through a recommitment of resources. The role of the university in the development, implementation, and evaluation of community collaboratives is presented. Cross-site comparison allows a discussion of the factors contributing to successful collaboration.

**Keywords:** Collaboration, child poverty, interdisciplinary, high risk communities

### **Article:**

Rising rates of poverty and violence place children in the United States (U.S.) at growing risk. With child poverty increasing by a third between 1969 (14%) and 1997 (21%), children in the U.S. experience higher rates of poverty (Children's Defense Fund [CDF], 1997) than children in any other industrialized nation. Children, now twice as likely to live in poverty as adults (11%), are the nation's poorest segment. This increased poverty has resulted in increased stress for children, families, and sometimes whole communities.

The U.S. is also "among the most violent nations in the world" (Brueggemann, 1996, p. 34) with the "highest homicide rate of any industrialized nation" (DeCuevas, 1992, p. 48). In spite of the current concern about adolescents as perpetrators of crime, our children are ten times more likely to be victims rather than perpetrators of crime (CDF, 1997) with studies indicating a heightened concern for inner-city youth. A Chicago study found that 4496 of children and youth had witnessed a shooting, 33% witnessed a stabbing, and 25% witnessed a murder (Garbarino, Kostelny, & Dubrow, 1991).

While poverty presents the greatest risk to children (CDF, 1994; McWhirter, McWhirter, McWhirter, & McWhirter, 1993), stress is increased when multiple risk factors interact (Schorr, 1988). Job loss, substandard housing, an inadequate education system, and flight from the city of those with resources worsens with the economic crisis increasing the risk and trauma (Alter, Deutelbaum, Dodd, Else, & Raheim, 1992). The stress is often reflected through a negative impact on the school performance of children (CDF, 1994; Dupper & Poertner, 1997) with the multitude of obstacles presented by economically and socially disadvantaged environments contributing to "the development of a variety of emotional, behavioral, and cognitive disorders" (Catron & Weiss, 1994, p. 247). Intervention targeted at reducing some of the risk factors can reduce the negative outcomes (Schorr). At a time when neighborhoods with the highest level of distress need the best resources, they are likely to have the fewest resources (Nelson, 1995).

School programs providing a supportive climate and positive regard have demonstrated the potential for a

significant impact on high risk children (McWhirter et al., 1993; Schorr, 1988). The development of programs providing supportive, stimulating environments helps children compensate for early risk (Schorr, 1988) but the issues are complex for children experiencing learning and performance difficulties at school. Schools cannot function successfully unless the social and emotional factors impacting youth are addressed (Adelman & Taylor, 1993, p. 32). "Traditional programs face limitations" (Resnick, Burt, Newmark, & Reilly, 1992, p. vii) in meeting these needs, Community-based human service efforts, however, have been identified as a promising service model for communities affected by poverty (Mulroy, 1997).

School-linked services are vital in communities struggling with child poverty and related social issues (Hare, 1995); and programs designed to link a range of social and health services to the schools are increasingly recognized as promising (Dupper & Poertner, 1997). They provide the opportunity for pooling resources and addressing inter-related social, economic, education, and health factors (Pires-Hester, 1990). While the schools provide a logical location for meeting the complex needs of high risk children and families, they do not have the resources to assist families with the complexity of their needs; collaborative development and service delivery is required (Caplan & Gal, 1996). This has resulted in increased attention focused on integrated, collaborative, comprehensive service models (Mason, 1997; Resnick et al., 1992). They provide the opportunity for pooling resources and addressing inter-related social, economic, education, and health factors (Pires-Hester, 1990). Although a comprehensive approach is needed to meet the needs of high risk youth, collaborations are difficult, pulling against the perceived self-need of agencies (Dryfoos, 1990).

The discussion of the need to form linkages as a basis for school reform is not new (Franklin & Streeter, 1995). Progressive educators called for the development of comprehensive schools which included a range of human services to address school reform needs at the turn of the century and again in the 1960s. Unfortunately, the bureaucratic management model grew out of the call for change early in the century. The 1960s call for decentralization and inclusion led to the alternative school movement (Franklin & Streeter). Over time, a tension has developed between the pull for centralized control within the school system and the push to reach outward. This tension provides the backdrop for the current attempts at linking services across systems (Franklin & Streeter).

Approaches to linkage and collaboration vary widely. Litwak and Rothman (1970) defined three models of interorganizational practice (formal, coordination, linkage) based on the strength of the formality. Formal structures call for rules, linkages rely on coordinating mechanisms rather than rules, and informal groups rely on contacts between agencies involved. Moving beyond coordination which "implies a concerted effort to work together," collaboration "implies the concept of a joint venture" (Netting, Kenner, & McMurtry, 1993, p. 112). A loose collaboration, formed when organizations with primary allegiances outside the collaboration work together informally to meet a common goal, is generally referred to a coalition. Sometimes a coalition, formed on a temporary basis to meet immediate needs, will discover the benefits of ongoing collaboration (Brody & Nair, 1997; Netting et al.).

One conceptual model for defining collaboration is provided by Germain (1984) and reviewed by Bope and Jost (1994). The common forms according to this model are conferring, cooperating, consulting, multiple entry, and team work. Franklin and Streeter (1995) define five models; informal relations, coordination, partnerships, collaboration, and integration. These models provide a continuum of commitment from little to significant.

Drawing on the five components presented by Germain (1984) and the combined features of collaboration and integration as defined by Franklin and Streeter (1995), the model used for the development of the collaboratives reviewed in this article builds from shared leadership, comprehensive planning, redistribution of resources, and interdisciplinary teamwork. In line with Moktiau and Ewalt (1993) three key factors undergirded the collaborative vision; (a) shared governance, (b) interdisciplinary care, and (c) multicultural perspective. The comprehensive model developed and evaluated followed the family resource center collaborative model with school-linked integration of a broad range of services including health, recreation, mental health, employment, education, and basic needs (Dupper & Poertner, 1997).

Collaboration among families and community institutions including schools has been shown to provide high risk children with a sense of belonging and hope (McWhirter et al., 1993; Schorr, 1988). These "efforts can mobilize the energy and resources within each of the separate sectors, and provide the high quality, comprehensive services children and families need to go as far as their talents and industry will take them" (Melaville St Blank, 1991, p. 36). "Those attempting to develop collaborative school-linked services, however, are faced with multiple challenges including funding, space, turf, resistance, and structures such as confidentiality (Dupper & Poertner, 1997). Agencies tend to operate independently maintaining control over decision making and resources (Brody & Nair, 1997). Contractual agreements help prevent disintegration of structures designed to provide and maintain comprehensive access whether through task forces, committees, or coalitions (Dryfoos, 1990).

Practice wisdom indicates that a number of factors contribute to the successful development of collaborative ventures. Included are (a) mutual trust and a shared vision (Mulroy, 1997); (b) careful selection of partners providing complementary resources and skills (Groark & McCall, 1996; Matheny, 1994); (c) healthy, communication patterns, time management, and interpersonal skills (Osterloh & Koorland, 1998); and (d) committed leadership (U.S. Dept. of Education, 1995). Although family support centers are entrenched in the literature as effective, there is little research on either the development process of community-based services (Mulroy) or the specific leadership qualities required to facilitate successful collaboration. This review of the development and implementation of three centers begins a process of analyzing the development process through comparative analysis across three sites.

## **DEVELOPMENT**

As Goetz and Peck (1994) outline, family support services offer hope for the development of more effective centers for vulnerable children. The wisdom from the review of effective centers indicates the necessity for (a) collaborative, cross-systems development, (b) interagency involvement, (c) participation of all players from the beginning of the development process, (d) shared goals and vision, and (e) realistic evaluation.

In this mid-sized, midwestern city, business leaders, private nonprofit organizations, governmental agencies, public school staff, university representatives, and community members including parents and youth came together to discuss their concerns about the growing risk facing children and families. With a child poverty rate of 39.9%-up from 33.7% in 1980 (Citizens for Missouri's Children [CMC], 1995) and increasing racial isolation with many resources continuing to move from the city to the surrounding areas, the public schools and the children and families served were struggling.

Two parallel processes came together (see Table 1). The public schools moved to integrate 15 of their schools (elementary and middle schools) into the local communities through the development of community education centers (CEC). At the same time, provider agencies came together with other invested community resources to develop family centered, community based, collaborative hubs for service delivery. The collaborative nature was reflected in the grant writing process which involved members of the community in an effort to design programs that met locally identified needs. "The goal was to produce family support centers based on the needs expressed by the neighborhood.

### ***The Neighborhoods***

Three neighborhoods<sup>1</sup> with multiple risk factors for families with children were chosen for network development. These neighborhoods exhibited high poverty and unemployment rates as well as high rates of crime, school drop-out, and levels of unemployment among youth (see Table 2). "The population in two of these neighborhoods is dropping and few housing units are owner occupied. Two of the neighborhoods were chosen because of extreme racial isolation (Roosevelt and Cornell); the other (Washington) was more ethnically/racially diverse. The youth in all three schools are at very high risk with 98% of the students qualifying for the free lunch program.

TABLE 1. The Merging of Dual Tracks

Public Education	Child Advocacy Networks
<b>Players:</b> Public Schools Community Education Centers Local Community	<b>Players:</b> Business/Industry Private Nonprofits University Public Systems Child Advocates
<b>Goal:</b> Integrate the public schools into their surrounding communities	<b>Goal:</b> Develop neighborhood based, family centered and family inclusive, strength based, interdisciplinary hubs for service delivery with a recommitment of local funds and minimal grant support
<b>Process:</b> Develop councils from the surrounding community comprised of parents, youth, neighborhood, residents, local organizations, local political leaders Assess community need and desires Enlist commitment from residents and organizations for resources and services Develop responsive programs	<b>Process:</b> Ongoing collaborative process to identify resources for interdisciplinary programs Enlist commitment from local providers and service systems Identify sites with high risk factors

TABLE 2. Neighborhood Risk Factors\*

	Roosevelt	Washington	Cornell	National
Child Poverty	67.4%	50.1%	59%	21.2%
Free/Reduced Lunch	98%	98%	98%	24%
Teen Birthrate	29.8%	17.9%	33%	8.6%
Kids at Risk of Hunger	89.7%	64%	64%	25%
Low Birthweight Babies	21.17%	11.38%	18%	7%
Late/No Prenatal Care	24%	11.7%	44%	6.1%
Child Abuse/Neg/1000	114.3	86.1	97.5	25.5
Vacant House Units	27.5%	22.5%	12%	15.4% (city)
16-19y-no sch/diploma	27.67%	44%	32%	17.5%
Unemployment	23.7%	14.3%	15.5%	6.8%
Current Population	93% black 7% white	43% black 55% white 2% Asian	92% black 8% white	12% black** 73% white 4% Asian 10% Hispanic 1% Am. Indian

(\*Data from Project Respond, 1993, 1995 unless noted; \*\*U.S. Dept. of Commerce, 1997)

Roosevelt had one of the highest rates of reported drug sales in the city. The neighborhood also exhibited high rates of homicide, robbery, and aggravated assault as well as moderate rates of burglary, larceny, and auto theft. Washington experienced one of the highest rates of larceny, burglary, and destruction of property as well as high rates of robbery, aggravated assault, auto theft, and reported drug sales along with moderate rates of homicide. Cornell was also a high crime area with gang activity in the area surrounding the school, and a high incidence of child and youth crime victims. (Data provided by the public school system.)

### Vision

Two networks were responsible for the development of the three sites. The centers at Roosevelt and Washington (based in elementary schools) were developed by an ongoing, child advocacy network. The center at Cornell (based in a middle school) was developed by a network brought together to develop this collaborative school-linked service. The networks envisioned family and child centered services embedded within the CEC (see Figure 1). The CECs, designed to help integrate the public schools into their surrounding communities, provide an ideal setting for collaborative programming.

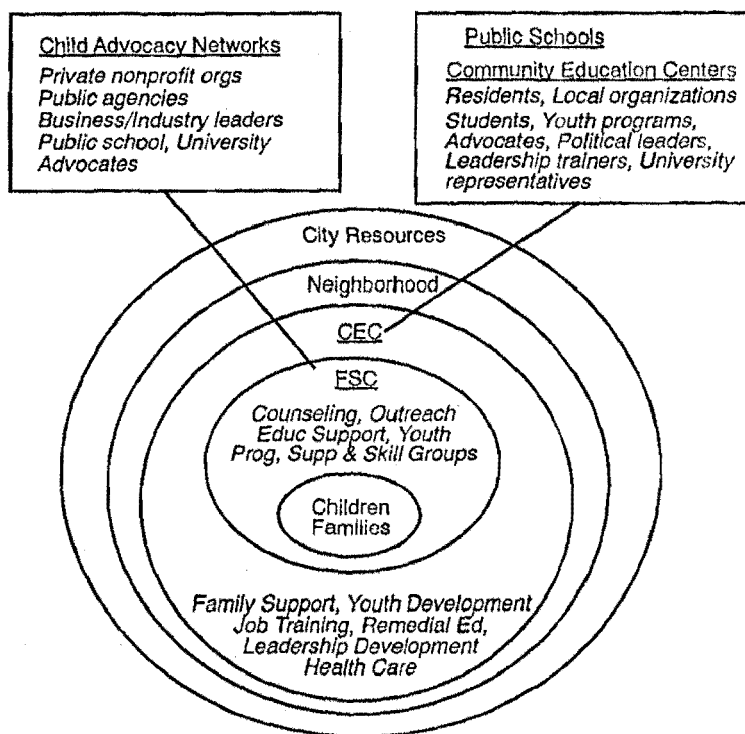
A two-pronged strategy was employed to improve family functioning, school achievement, community development, and school family connections. The family support centers involved a plan for coordinated service

delivery with linkage to community resources. At each site, a mixture of enrichment and counseling/case management services was provided. Services were designed to be (a) family focused/family friendly services, (b) strength based, (c) culturally appropriate, and (d) community driven. These centers were funded through state and federal grants with a shifting commitment of resources by local agencies.

## IMPLEMENTATION

The family support centers at Roosevelt and Washington began in January 1995; the third one followed the next year. The programs focused on increasing effective management within families, family commitment to school, academic success, and high school completion rate as well as decreasing family conflict. In order to meet these goals, the sites developed systems for parent outreach, counseling/case management, child development training, conflict resolution and violence prevention, and linking families with other CEC and community services. In addition, tutoring and other resources were expanded.

FIGURE 1. Model of Collaborative Imbedding



The specific components developed at each center were multi-disciplinary, multi-system, and multi-agency and based on an assessment of neighborhood residents and school personnel. The following components were identified as primary program needs: (a) health/mental health; (b) learning support; (c) economic well-being/job skills; (d) self-improvement; (e) afternoon, evening, and week-end programming; and (f) basic service (housing, child care, etc.) linkage. The initial components of the centers included parent outreach, home based family counseling, outreach case management, parent training, training of school personnel, youth tutoring, and skill development for children, youth, and adults. Substance abuse prevention, adult education/employment, and primary health care were incorporated as needed/available.

Coordinating collaborative implementation, administration/supervision, and service delivery was complex. Regular administrative meetings involving school, agency, and university personnel were instituted to deal with administrative, service, and staff related implementation issues. Participatory evaluation, incorporated from the beginning, provided feedback to the administrative team allowing for changes in the implementation process. Hiring was coordinated with the inclusion of agency and school personnel.

## EVALUATION

The evaluation of complex, interdisciplinary collaboratives requires the use of dynamic, multi-method inquiry (Mulroy & Shay, 1997). Participatory action research (as described by Patton, 1990) facilitated the duality of



evaluation and implementation. Evaluation of the centers was provided by an interdisciplinary (social work and education) team from a city based university. The evaluation was designed collaboratively with the centers and community and involved action research with process and outcome components. Process evaluation measured the collaborative process, program development, and service integration. Interviews and focus groups with youth, families, and school personnel along with participant observation were used to gather data. Outcome data was gathered through referral forms, intake assessment, and agency and academic records as well as interviews of youth, families, and staff at the schools and family support centers. Service delivery, impact of services, and attitudes of youth, families, and school personnel were measured. Evaluators also participated in administrative, development, and implementation meetings; observed services; and interviewed participants. The findings helped shape the implementation of the centers.

### ***Results***

Baseline data gathered through focus groups and interviews provided information on attitudes and concerns. The collaborative team members (supervisors from the schools and agencies) had a vision for the school, children, and community. They were hopeful but also had concerns about resources, turf, and time. Early difficulties surrounded communication, coordination, and funding.

The teachers, youth, and families were unaware of the developing programs. Overall, the teachers were negative about the school, children, and families. The youth had ideas for programming and marketing. They wanted safety, role models, and respectful communication. They expressed concern about teen parents and were worried that "people don't seem to care." The adult community members interviewed were concerned about teen mothers as well as the lack of resources. They saw a need for skill training and afterschool programs.

Interviews at the end of years two and three indicated changes in attitude and knowledge. The teachers were more positive about the school, children, and families. The youth, families, and teachers knew about the range of programs at the school including the family support centers. The collaborative team felt positive about the relationships and services/resources developed, but the time commitment required for collaborative services was still of concern. At each site, the role of leadership, communication patterns, and turf issues was discussed. Funding accessibility continued to be problematic at Roosevelt and Washington where the money was funneled through the school district. It was not a concern at Cornell where the funds moved through the private, non-profit agency.

A range of services and resources were provided across the sites (see Table 3). Supplies such as copying and fax equipment, and at one site, a van, enriched the programs and facilitated community outreach. Tutoring support contributed across the sites. Counseling, outreach, and case management services were provided. Enrichment programs included camping, youth job training, computer classes, recreation, arts programs, video evening, Kwanzaa celebrations, dances, Double Dutch with leadership training, adult education, and a family chili dinner. The van was effective in increasing accessibility. Regular, dependable transportation increased security. Outreach case management was much more effective at engaging families than school based family counseling. Parent outreach, which involved the early recruitment of parents in building the program and engaging other parents, was very effective at increasing parent participation. At Cornell, where there had not been a parent association for 10 years, the use of parents to build programs established a growing parent program. The chili dinner was attended by 75 families.

### ***Findings and Implications***

The centers based development on the principles outlined in the literature. A common purpose, shared mission and purpose, and agreement on projects (Groark & McCall, 1996) provided a foundation. There were varying levels of success, however. Leadership style, communication patterns, personalities and attitudes, and funding determined the ease or difficulty experienced by the partners as they moved from development into implementation.

Basic personalities were a key factor. The embedding of the projects within a dynamic system meant success

was partially based on the ability of the staff and administrators to tolerate controlled chaos. Most disruptive were individuals unable to share power, space, and control. They were able to undermine both morale and working relationships without skillful, directed supervision.

The leader set the tone for tolerance and process. Leadership which facilitated staff in carrying out their jobs creatively and independently was central to successful development. Staff who were respected and empowered by the leader to operate with flexibility developed trust and a "can do" attitude. Successful leadership also involved the ability to take control and negotiate staff process when difficult issues arose. With strong leadership, teams were able to overcome the communication and turf difficulties at one site.

TABLE 3. Descriptive Overview of Major Service Components\*

SERVICES/RESOURCES & PROGRAM COMPONENTS	DESCRIPTION
Counseling/case management	School based counseling for children and youth-planned and informal, home based counseling for parents and family; case management to support families in meeting basic needs
Parent/family outreach	Para professional outreach to engage families in school and youth activities
Tutoring	After school tutoring supervised by paid trained staff with volunteer tutors
Social support	Classroom outreach, youth activities and recreation, summer camp, classes
Training	Social and activity skill training incorporated into the recreational, educational, social activities
Recreation	Social support and skill training including conflict resolution provided through organized and informal recreational activities
Youth activities	Dances; earn-a-bike (youth earn their bike through a bike education and program teaching responsibility and social skills), trips to the mall earned through participation and designed to teach social skills; double Dutch team providing an opportunity for skill building, success, and esteem building provided with a requirement for participation in tutoring and leadership development (won championship); ongoing computer courses teaching computer and educational skills; sewing classes
Youth Corp	Work and social skill training; conflict resolution
Youth mentors	Older youth mentor younger youth
Summer enrichment	Kindergarten success (for youth who needed additional instruction to pass kindergarten); Art Program (intensive workshop run by an artist and a human service staff; taught education and social skill; provided a successful activity designing and completing a wall mural)
Camp programs	Summer day camps providing education, recreation, social development, and field activities exposing the youth to a range of experiences; overnight camps for youth and families designed to expand experiences, teach skills, and work on family relationships
Teen parent program	Intensive ongoing support and skill training offered from pregnancy and into parenting
Family activities	Designed to provide positive parent and family interaction with the school and increase parent participation and involvement; activities included the formation of a core parent group which developed events including Kwanzaa celebrations, a chili dinner with 250 families, a family skating party, and the development of a PTA for the first time in 10 years
Adult education & employment training	Designed to help parents and young adults in meeting their goals
Resources	To support program development and operation included office equipment (fax, copiers, computers) and at 1 site a van which facilitated programming, family involvement, and youth safety in returning home
Staff training	Support for staff to increase knowledge and skills
Graduate interns	Program support and skill development, participated in service delivery and evaluation

\*Categories are overlapping

Some variables were beyond the control of the collaborative. Partnership selection was recognized as important (Groark & McCall, 1996) and initial decisions were carefully processed. Given the dynamic nature of the sites, however, partners changed. The change in principals at Cornell provided a leadership which was highly successful. On the other hand, there were partners added to the CECs which disrupted the collaboratives.

Open, respectful communication tolerant of conflict, with clear channels established by the leader laid the foundation for functional collegial relationships. The significance of a liaison person in facilitating cross-site

communication (Groark & McCall, 1996) was confirmed. The lack of a liaison at Roosevelt and Washington was a major gap, undermining many efforts. Finally, this study confirmed the role of attitudes and resources in the success or failure of collaborative ventures (Groark & McCall, 1996). The vision of the collaborative partners facilitated the development which led to changes in attitudes in school personnel.

Resources positively impacted programming with the van leading to increased success with youth and families. In addition, accessibility of funding had a major impact. Placement within a large bureaucracy increased turf battles and restricted access. Funds funneled through the large school district were much less accessible than funds funneled through the mid-sized private, non-profit family serving agency. Accessibility of funds for the development of enrichment programs designed based on site need allowed the development of a range of programs increasing program use by children and youth as well as interaction with the families.

## CONCLUSION

Collaborative, creative commitment is required if we are to provide children and youth from impoverished communities with the same educational opportunities available to more advantaged children and youth (Annie E. Casey, 1997). No one model of school-linked services exists. This makes it necessary for localities to build programs tailored for their needs, based on the lessons learned from existing programs (Levy & Shepardson, 1992). In that vein, the collaborative, school-based services highlighted were designed by communities attempting to address the needs of their highest risk youth and families. Services were individualized and tailored to meet the specific needs of the neighborhood. Success was largely dependent on leadership style, attitudes, communication patterns, personalities, and access to funding. Funding flexibility and accessibility was imperative.

Interdisciplinary and university-community relationships can expand the resources. The university has the potential to contribute site and technological resources; faculty expertise with the provision consultation and evaluation; and student commitment through their involvement in service delivery as well as the evaluative process. Some universities, particularly those strategically placed within or near high risk communities, have begun to examine their roles and responsibility to come together for the benefit of the children.

Education and social work provide complementary knowledge and expertise. The social work profession, with its history of involvement in community development within impoverished communities, has the knowledge and experience needed to facilitate the creative development of school-linked services (Dupper & Poertner, 1997; Franklin & Streeter, 1995). The combining of university, education, and human service resources, knowledge, and expertise can result in the development of services effective in (a) helping children and youth experiencing difficulties, (b) increasing family involvement, and (c) developing neighborhood centers for enrichment and development. These kinds of services have the potential to help meet the needs of the nation's children. The lessons learned here provide a basis for understanding the beginning stages of development and implementation. Without an ongoing commitment of funding, however, programs cannot maintain their commitment.

## NOTE

1. The names used for the neighborhoods/schools are fictitious and have no relationship to existing schools by those names.

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